

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G678		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/18/2012	
NAME OF PROVIDER OR SUPPLIER  ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 420 CRESTWOOD HOBART, IN 46342			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: May 15, 16, 17 and 18, 2012</p> <p>Facility number: 000798 Provider number: 15G678 AIM number: 100248970</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP- Team Leader</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on May 24, 2012 by Dotty Walton, Medical Surveyor III.</p>			W0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed for 3 of 5 clients (clients #2, #4 and #5) living at the group home, to exercise general operating direction in a manner to ensure clients did not pay for hair cuts and hygiene products.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 5/18/12 at 10:30 A.M.. A financial record review for clients #2, #4 and #5 was completed. The financial review indicated client #2 had paid for a hair cut on 9/10/11 in the amount of \$15.00. A financial record review for client #4 indicated: "Receipt dated 6/10/11...bath soap \$3.49 and body lotion \$2.99." A financial record review for client #5 indicated client #5 had paid for a hair cut on 9/10/11 in the amount of \$15.00. Further review of client #2, #4 and #5's records did not indicate they were reimbursed for the mentioned expenses.</p> <p>An interview with the Service</p>		W0104	<p>Service Coordinator will retrain DSPs on client finances and client reimbursements. Clients will be reimbursed for hygiene product purchases. To ensure future compliance, Service Coordinator will review client finances at least monthly. If error found, client will be reimbursed for hygiene products within 48 hours.</p>		06/25/2012	

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	<p>Coordinator (SC) was conducted on 5/18/12 at 1:00 P.M.. The SC indicated clients should not pay for hygiene products and hair cuts and further indicated clients #2, #4 and #5 had not been reimbursed for the mentioned expenses. No documentation was submitted for review to indicate clients #2, #4 and #5 were reimbursed for the mentioned expenses.</p> <p>9-3-1(a)</p>						

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview the facility failed to assure active treatment objectives for 3 of 3 sampled clients (clients #1, #2 and #3) and 1 additional client (client #4) were monitored by the Qualified Mental Retardation Professional (QMRP).</p> <p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 5/18/12 at 11:30 A.M.. Review of client #1's Individual Support Plan (ISP) dated 8/17/11 indicated the following: "Will walk 10 minutes per day either indoors or outdoors...Administers own medication...learn to measure food portions...complete an adaptive equipment checklist...learn to record funds received and spent...prepare a healthy food item...learn to perform all areas of production...use a calculator to add and subtract." A review of client #1's active treatment objective "Progress Note Summary" indicated no monthly review by a QMRP for the months of June 2011 through April 2012.</p>	W0159	<p>Service Coordinator will review progress of active treatment at least monthly for all clients. To ensure future compliance, progress notes will be reviewed and filed every month.</p>		06/25/2012		

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	<p>A review of client #2's record was conducted at the facility's administrative office on 5/18/12 at 12:00 P.M.. Review of client #2's Individual Support Plan (ISP) dated 9/13/11 indicated the following: "learn to set the table...Make a purchase...Brush her hair...Respond correctly by gesturing/identifying the medication in her hand...Imitate or manually sign words...Learn basic signing." A review of client #2's active treatment objective "Progress Note Summary" indicated no monthly review by a QMRP for the months of June 2011 through April 2012.</p> <p>A review of client #3's record was conducted at the facility's administrative office on 5/18/12 at 12:30 P.M.. Review of client #3's Individual Support Plan (ISP) dated 8/22/11 indicated the following: "Will respond correctly to side effects of medications...Brush and floss her teeth...Follow up on all doctor appointments...Make a purchase from vending machine...Learn to bake an item...Learn to launder her clothes." A review of client #3's active treatment objective "Progress Note Summary" indicated no monthly review by a QMRP for the months of June 2011 through April of 2012.</p> <p>A review of client #4's record was</p>						

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	<p>conducted at the facility's administrative office on 5/18/12 at 12:50 P.M.. Review of client #4's Individual Support Plan (ISP) dated 5/18/11 indicated the following: "Baking...Make a purchase...Launder clothes...Administers own medication...Brushing teeth." A review of client #1's active treatment objective "Progress Note Summary" indicated no monthly review by a QMRP for the months of June 2011 through April 2012.</p> <p>An interview with the Service Coordinator (SC/QMRP) was conducted on 5/18/12 at 1:00 P.M.. The SC indicated clients' active treatment objectives should be reviewed monthly and entered into the data base immediately after review of the objectives to monitor progress or regression. There was no documentation submitted for review to indicate the QMRP monitored each clients' active treatment objectives.</p> <p>9-3-3(a)</p>						

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W0192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #1) by staff not demonstrating skills and competency to administer her medication as recommended by the pharmacist.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/15/12 from 5:45 A.M. until 8:10 A.M. At 6:45 A.M., Direct Support Professional (DSP) #1 administered client #1's prescribed medications. DSP #1 popped out each of client #1's medications into a souffle cup and handed the cup to client #1 who swallowed all of her medications together. Review of client #1's prescribed medication indicated a pharmacy label which indicated: "[Client #1]...Aspirin 81 mg (milligrams) tablet chew...1 tablet orally once a day...Chew tablet before swallowing." DSP #1 did not prompt client #1 to chew her medication."</p> <p>An interview with the Director of Health Services (DHS) was conducted on 5/18/12 at 1:00 P.M. When asked if DSP #1 should have prompted client #1 to</p>			W0192	<p>Community Services Nurse will retrain DSPs on administration of medication according to doctor's prescribed orders.</p> <p>To ensure future compliance, Community Services Nurse and/or Service Coordinator will monitor medication administration at least one time per month and at least quarterly thereafter.</p>		06/25/2012

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	<p>chew her medication as recommended by the pharmacist, the DHS stated "Definitely should have prompted her to chew the medication, that allows better absorption into the system."</p> <p>9-3-3(a)</p>						



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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (client #3), and 1 additional client (client #4), the clients' Individual Support Plans (ISP) failed to address the clients' identified communication and behavioral needs.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/15/12 from 5:45 A.M. until 8:10 A.M.. During the entire observation client #3 did not communicate in her home. Client #4 gave directives to sit down and yelled at client #2 repeatedly causing client #2 to hit herself in the face. Client #4 stated "She is getting on my nerves just standing there and you have to yell at her so she can sit down." Client #5 stated "[Client #4] stop yelling at [client #2], you're not her staff, you always try to boss people around!"</p> <p>An observation was conducted at the</p>			W0227	<p>Service Coordinator will develop a communication book for client #3. Service Coordinator will develop objectives for appropriate communication for client #4. To ensure future compliance, Service Coordinator and DSPs will monitor progress of clients according to developed objectives.</p>		06/25/2012

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	<p>facility owned day program on 5/15/12 from 1:15 P.M. until 2:45 P.M.. During the entire observation, client #3 did not communicate.</p> <p>An evening observation was conducted on 5/15/12 from 5:00 P.M. until 8:00 P.M. During the entire observation, client #3 did not communicate in her home. During the observation, client #4 gave directives to client #2.</p> <p>A review of client #3's record was conducted at the facility's administrative office on reviewed on 5/18/12 at 12:00 PM. Client #3's ISP dated 8/22/11 indicated client #3 was non verbal and failed to indicate a communication training objective to teach her to communicate with others about her wants and needs.</p> <p>A review of client #4's record was conducted at the facility's administrative office on 5/18/12 at 12:50 P.M. Review of client 4's record failed to indicate a Behavior Support Plan (BSP) or any programming to address client #4's behaviors. The record failed to indicate a training objective which addressed client #4's disciplining/bossing her housemates.</p> <p>An interview with the Service Coordinator (SC) was conducted at the</p>						

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	<p>facility's administrative office on 5/18/12 at 1:00 P.M. The SC indicated client #3 did not have a communication training objective in her plan and further indicated she did need one implemented into her program. The SC indicated client #4 did not have a BSP or any programming to address her disciplining of other clients. The SC further stated "The team will meet and put something in place because she should not discipline other clients."</p> <p>9-3-4(a)</p>						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview the facility failed for 1 of 3 sampled clients (client #2), to ensure the client received a continuous active treatment program by staff not implementing programs during training opportunities at the group home and day program.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/15/12 from 5:45 A.M. until 8:10 A.M. During the observation, client #2 was observed sitting in the dining area, living room area and the back room area not communicating and with no activity. During the observation, client #2 was not learning communication skills.</p> <p>A facility owned day program observation was conducted on 5/15/12 from 1:15 P.M.</p>		W0249	<p>Service Coordinator will retrain DSPs regarding continued active treatment.</p> <p>To ensure future compliance, the Service Coordinator will observe active treatment at least twice monthly and at least monthly thereafter.</p>		06/25/2012	

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	<p>until 2:45 P.M. During the entire observation client #2 was not being taught communication skills.</p> <p>An evening observation was conducted on 5/15/12 from 5:00 P.M. until 8:00 P.M. During the observation, client #2 was observed not communicating. During the observation, clients #2 was not involved in signing words or communication skills.</p> <p>A review of client #2's record was conducted on 5/18/12 at 12:00 P.M.. A review of client #2's Individual Support Plan (ISP) dated 9/13/11 indicated: "When told 1 of 5 words and shown the sign for that word, [client #2] will imitate all manually signed words...Will learn basic signing to improve her communication."</p> <p>An interview with the Service Coordinator (SC) was conducted on 5/18/12 at 1:00 P.M. The SC indicated all staff should implement active treatment objectives during formal and informal opportunities.</p> <p>9-3-4(a)</p>						

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview, for 2 of 3 sampled clients (clients #1 and #2) who had adaptive equipment, the facility failed to encourage/teach them to wear their eyeglasses and dentures.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/15/12 between 5:45 A.M. and 8:10 A.M. During the entire observation, client #1 did not wear her dentures or eyeglasses. Client #2 did not wear her eyeglasses. Staff did not prompt client #1 to wear her dentures or eyeglasses and did not prompt client #2 to wear her eyeglasses..</p> <p>A facility owned day program observation was conducted on 5/15/12 from 1:15 P.M. until 2:45 P.M. During the entire observation, client #2 did not wear her eyeglasses and client #1 did not wear her dentures or eyeglasses. Staff did not prompt clients #1 and #2 to wear their</p>		W0436	<p>Service Coordinator will retrain DSPs to teach clients to use and make informed decisions about the use of adaptive equipment. To ensure future compliance DSPs and/or Service Coordinator will monitor clients' use of adaptive equipment and prompt clients as needed.</p>		06/25/2012	

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	<p>eyeglasses and dentures.</p> <p>An evening observation was conducted at the group home on 5/15/12 between 5:00 P.M. and 8:00 P.M. Client #1 was observed during the entire observation period not wearing her eyeglasses and dentures. Client #2 did not wear her eyeglasses. Staff did not prompt client #1 to wear her dentures and eyeglasses and did not prompt client #2 to wear her eyeglasses.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 5/18/12 at 11:30 A.M. A review of client #1's Individual Support Plan dated 8/17/11, indicated: "Has partial denture. This is repaired/replaced as needed...Wears glasses. These are repaired/replaced as needed."</p> <p>A review of client #2's record was conducted on 5/18/12 at 12:00 P.M. A review of client #2's Individual Support Plan dated 9/13/11, indicated: "Wears glasses. These are repaired/replaced as needed."</p> <p>The Service Coordinator (SC) was interviewed at the facility's administrative office on 5/18/12 at 1:00 P.M. The SC indicated staff should teach and</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G678		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/18/2012	
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	encourage clients to wear their adaptive equipment at all times.  9-3-7(a)						